

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013112

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3773

STATE FILE NUMBER

FILED APR 8 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis, Mo.

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY  
OR TOWN

St. Louis,

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Louis State Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

5800 Arsenal

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ANTONIA (CHARIN) (AKA) (CHARON)

4. DATE  
OF DEATH

Month

Day

Year

April 1, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☒Divorced ☐

## 8. DATE OF BIRTH

2/2/89

## 9. AGE (last birthday)

74

## IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Austria

## 12. CITIZEN OF WHAT COUNTRY

Austria

## 13a. FATHER'S NAME

Anthony Shear

## 13b. MOTHER'S MAIDEN NAME

Shen

## 14. NAME OF HUSBAND OR WIFE

Max

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

NONE

## 17. INFORMANT

Michael Charon, 36 West Rose W.G., Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute myocardial infarction

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b) Arteriosclerotic heart disease

DUE TO (c) 420.0

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Nov. 27, 1943 to April 1, 1963 and last saw her alive on April 1, 1963

Death occurred 2:32 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Alan G. Johnson M.D.

## 22b. ADDRESS

5400 Arsenal St.

## 22c. DATE SIGNED

4/2/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

APR. 3, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

NEW ST. MARCUS CEM.

## 23d. LOCATION (City, town, or county)

ST. LOUIS

MO.

## 24. FUNERAL DIRECTOR

Thomas Katis 2906 Gravois

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

APR 3 1963

## 26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF:

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

DATE AMENDED

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80

80

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4772

P. O. Address 2906 Graves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.